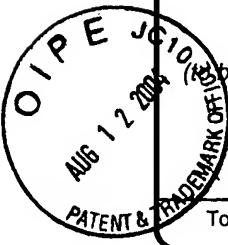


TRANSMITTAL FORM

(to be used for all correspondence after initial filing)



Total Number of Pages in This Submission

41

Application No.	10/692,667
Filing Date	October 24, 2003
First Named Inventor	Chandrasekharan Nilakantan
Art Unit	2183
Examiner Name	Not Yet Assigned

Attorney Docket Number

6728P001

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<div style="border: 1px solid black; padding: 5px;">Petition to Make Special</div>
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s)	
<input checked="" type="checkbox"/> PTO/SB/08		
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Basic Filing Fee		
<input type="checkbox"/> Declaration/POA		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

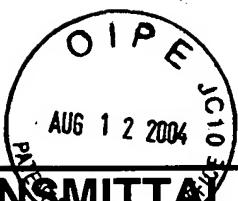
Firm or Individual name	Chze Koon Chua, Reg. No. 53,831 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	August 10, 2004

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Petition, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Jennifer L. Stewart		
Signature		Date	August 10, 2004

Based on PTO/SB/21 (04-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wir) 06/04/2004.
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FEE TRANSMITTAL
for FY 2004

Effective 01/01/2004. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$)**130.00**

<u>Complete if Known</u>	
Application Number:	10/692,667
Filing Date	October 24, 2003
First Named Inventor	Chandrasekharan Nilakantan
Examiner Name	Not Yet Assigned
Art Unit	2183
Attorney Docket No.	6728P001

METHOD OF PAYMENT (*check all that apply*)

Check Credit card Money Order Other None
 Deposit Account

**Deposit
Account
Number** 02-2666

**Deposit
Account
Name** Blakely, Sokoloff, Taylor & Zafman LLP

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments

Charge any additional fee(s) or underpayment of fees as required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

FEE CALCULATION

1. BASIC FILING FEE

<u>Large Entity</u>	<u>Small Entity</u>		
<u>Fee Code</u>	<u>Fee (\$)</u>	<u>Fee Description</u>	<u>Fee Paid</u>
1001	770	2001	385 Utility filing fee
1002	340	2002	170 Design filing fee
1003	530	2003	265 Plant filing fee
1004	770	2004	385 Reissue filing fee
1005	160	2005	80 Provisional filing fee

2. EXTRA CLAIM FEES

Total Claims		Less Claims	Fee from below	Fee Paid
Independent Claims		- 20 [*] 3 =	X X	=
Multiple Dependent				

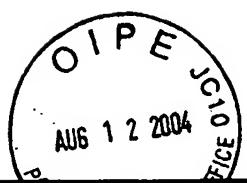
Large Entity		Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)	<u>Fee Description</u>
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple Dependent claim, if not paid
1204	86	2204	43	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent

**or number previously paid, if greater. For Reissues, see below.*

SUBMITTED BY

Submitted by		Complete (if applicable)		
Name (Print/Type)	Chze Koon Chua	Registration No. (Attorney/Agent)	53,831	Telephone
Signature			Date	08/10/04

Based on PTO/SB/17 (10-03) as modified by Blakely, Solokoff, Taylor & Zafman (wlr) 02/10/2004.
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FEE TRANSMITTAL
for FY 2004

Effective 01/01/2004. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$ 130.00)

METHOD OF PAYMENT (*check all that apply*)

Check Credit card Money Order Other None
 Deposit Account

**Deposit
Account
Number** 02-2666

Blakely, Sokoloff, Taylor & Zafman LLP

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments

Charge any additional fee(s) or un

Charge fee(s) indicated below, except for the filing fee.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		<u>Fee Description</u>	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

2 EXTRA CLAIM FEES

Total Claims		Extra Claims	Fee from below	Fee Paid
Independent Claims	- 20*	= <input type="text"/>	X <input type="text"/>	= <input type="text"/>
	- 3	= <input type="text"/>	X <input type="text"/>	= <input type="text"/>
Multiple Dependent				

Large Entity		Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)	<u>Fee Description</u>
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple Dependent claim, if not paid
1204	86	2204	43	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent

**or number previously paid, if greater. For Reissues, see below.*

SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	Registration No. (Attorney/Agent)	Telephone	Date	
Chze Koon Chua	53,831	(408) 947-8200		
<i>[Signature]</i>			08/10/04	

Based on PTO/SB/17 (10-03) as modified by Blakely, Solokoff, Taylor & Zafman (wlr) 02/10/2004.
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